

Foster Family Home - Corrective Action Report

Provider ID: 1-190088

Home Name: Ofelia Guillermo, CNA

Review ID: 1-190088-3

94-736 Kaaka Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/30/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/30/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No evidence that a confidentiality training was done for HHM#2.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(1) Reside in the community care foster family home;

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

41.(i) The primary caregiver shall notify the department of any dependent household members or changes in household composition.

Comment:

41.(a)(1)- CG#1 is without a written authorization from landlord to operate a CCFFH in home.

41.(b)(6)- Back part of the CCFFH had been separated with an accordion door and CG#1 had been sub renting that back portion of the home.

41.(i)- Primary Caregiver Disclosure Form was not updated to reflect additional household members.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip mat seen in clients' shower.

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Foster Family Home

Records

[11-800-54]

- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(b)(1)- Charts of clients and PCG's charts were not available at the start of home inspection; CG#1 was not home and has the key to the closet. Per CG#2, CG#1 does not provide a key/access to the charts and clients' medications to substitute caregivers.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- 5 medications were not available and 1 medication was not transcribed in the Medication Administration Record (MAR).

Client #2- 3 medications were not transcribed in the MAR; 1 medication label does not match the doctor's order and MAR; 1 medication was not discontinued in the MAR; 1 medication was not available.

54.(c)(6)- Client #1's progress notes were without signatures of person who documented each dated entries since 2/10/2020 till present. Client #2's progress notes were without signatures since 7/3/2020 thru 9/11/2020 and Client #2's care flowsheet for 9/1/2020 thru 9/30/2020 did not contain any signatures/initials of caregivers that provided the care.

Frankel Nakamura, M

Compliance Manager

[Signature]
Primary Care Giver

9/30/2020

Date

9/30/2020

Date

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: OFELIA GUILLERMO

(PLEASE PRINT)

CCFFH Address: 94-736 KAKA ST. WAIPAHU, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
6.(d)(1)	I obtain all the necessary requirements to renew my license and put on my binder.	10/11/20	I mark my calendar for the applicable requirements such as certificate, licenses and everything that needs to be updated in the future.
16.(b)(5)	I trained the new household member for confidentiality and signed it and placed at the administrative binder	10/15/20	New member of household or added SC will be trained as soon as I added them.
41.(a)(1)	I have requested a written statements from my landlord that they gave me permission to operate business on their property place it on my administrative binder.	10/6/20	Will always secure a written agreemet on anything especially when it comes to business and have them signed to be legit.
41.(b)(6)	The accordion door have been replaced with more secure door for privacy with the owners permission.	10/10/20	I will enquire the landlord regarding the subrenting and put everything in writting to avoid future problems.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 10/30/2020☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: OFELIA GUILLERMO

(PLEASE PRINT)

CCFFH Address: 94-736 KAAKA ST. WAIPAHU, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(i)	The disclosure form have been updated to reflect additional household members and secure the copy on the binder.	10/19/20	I will always check the rules and regulations of any changes on my household members or SC and update the disclosure form and let the CTA know of any changes.
49.(a) (1)	I furnish the shower room with the non-slip mat to avoid fall or accident.	10/16/20	I will always have a non-slip mat on the shower room even though the patients are not using the shower since they are bed-bound because it is require.
54.(b) (1)	The key for the patients chart/medicine are available for the SC when the PC is not home.	10/20/20	A duplicate key was place near the cabinet where the charts and medications are so that the SC can access it anytime.
54.(c) (5)	Medication discrepancy was corrected by clients CMA and her MD as well as the MAR as well as the PC.	10/20/20	Will always pay attention to details when it comes to medication if they matches on MAR and will call the pharmacy 1 week before its gone and will notify the MD, CMA and the pharmacy of any error.



All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 10/30/2020

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: OFELIA GUILLERMO

(PLEASE PRINT)

CCFFH Address: 94-736 KAAKA ST. WAIPAHU, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (6)	From now on all entries will be signed & initialed by the person initiated the document and whoever provided the care as well as the administration of the medications.	10/01/20	Make note that any entries on Flowsheets, MAR and Progress notes must be signed and initialed by the person who initiated the job to be legit.



All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 10/30/2020

CTA has reviewed all corrected items